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## BIB DATA SHEET

CONFIRMATION NO. 5165

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/643,824	08/18/2003	005	3771	152.001
<b>RULE</b>				
<b>APPLICANTS</b> Ernest Peter Nelson, Wallasey, UNITED KINGDOM, Deceased; Jeanette Rae Nelson, Wallasey, UNITED KINGDOM, Legal Representative; Antony John Seaney, Redhill, UNITED KINGDOM;				
<b>** CONTINUING DATA *****</b> /SD/				
<b>** FOREIGN APPLICATIONS *****</b> UNITED KINGDOM PCT/GB02/00705 02/19/2002 UNITED KINGDOM 0103893.4 02/19/2001 UNITED KINGDOM 0119120.4 08/01/2001				
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED *** SMALL ENTITY **</b> 11/12/2003				
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /STEVEN O DOUGLAS/ Acknowledged Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> UNITED KINGDOM	<b>SHEETS DRAWINGS</b> 23	<b>TOTAL CLAIMS</b> 63
<b>INDEPENDENT CLAIMS</b> 3				
<b>ADDRESS</b> KEELING PATENTS AND TRADEMARKS 3310 KATY FREEWAY, SUITE 100 HOUSTON, TX 77007 UNITED STATES				
<b>TITLE</b> Leg ulcer, lymphoedema and DVT vibratory treatment and device				
<b>FILING FEE RECEIVED</b> 1027	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	